



**U.S. Immigration  
and Customs  
Enforcement**

**ICE Health Services Corps (IHSC)**  
Enforcement and Removal Operations  
U.S. Immigration and Customs Enforcement

# **Public Health Actions for the Management of Ectoparasites in IHSC-Staffed Medical Clinics**

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## Foreword

This *Public Health Actions for the Management of Ectoparasites in IHSC-Staffed Medical Clinics* Guide supplements the following IHSC Directive:

IHSC Directive: 05-06, *Infectious Disease Public Health Actions*.

This Guide explains concepts, assigns responsibilities and details procedures for public health actions for the management of ectoparasites in IHSC-staffed medical clinics.

The intended audience is IHSC-staffed medical clinics supporting health care operations in ICE-owned or contracted detention facilities.

## **I. Overview**

### **A. Purpose**

The purpose of this Guide is to provide guidance for public health actions for the management of commonly encountered ectoparasite infestations seen in ICE detainees.

A parasite is an organism that lives on or in a host organism and gets its food from or at the expense of its host. Ectoparasites are a type of parasite that refer to organisms such as ticks, fleas, lice, and mites that attach or burrow into the skin and remain there for relatively long periods of time.

### **B. Responsibilities**

#### Health Services Administrator

Ensure policies and procedures related to public health actions for the management of ectoparasites in IHSC-staffed medical clinics are implemented.

Ensure health staff orientation and annual training includes public health actions for the management of ectoparasite infestations.

#### Medical Providers

Oversee the medical care for detainees with an ectoparasite infestation.

#### Health Staff

Implement infestation prevention and control measures in IHSC-staffed medical clinics.

#### Public Health, Safety, and Preparedness Unit

Provide guidance to health staff regarding public health actions for the management of ectoparasite infestations.

Periodically update the IHSC Directive: 05-06, *Infectious Disease Public Health Actions* and the *Public Health Actions for the Management of Ectoparasites in IHSC-Staffed Medical Clinics* Guide.

## IHSC Infectious Disease Consultant

Provides technical guidance to health staff regarding treatment and public health actions for the management of ectoparasite infestations for detainees.

### **C. Acronyms**

**CDC** – United States Centers for Disease Control and Prevention

**STI** – Sexually transmitted infection

### **D. Definitions with Expanded Information**

**Cohort** – A well-defined group of persons who have had a common experience or exposure.

**Ectoparasite** – A classification of animals that includes those with hard, segmented bodies and jointed appendages, such as insects which live outside the body. Ectoparasites are usually arthropods which parasitize the skin.

**Incubation Period** – The interval between exposure to a communicable microorganism and onset of symptoms.

**Nits** – Unhatched lice eggs.

**Parasite** – Any organism that lives in or on another organism without benefiting the host organism; commonly refers to pathogens, most commonly in reference to protozoans and helminths.

## **II. Scabies**

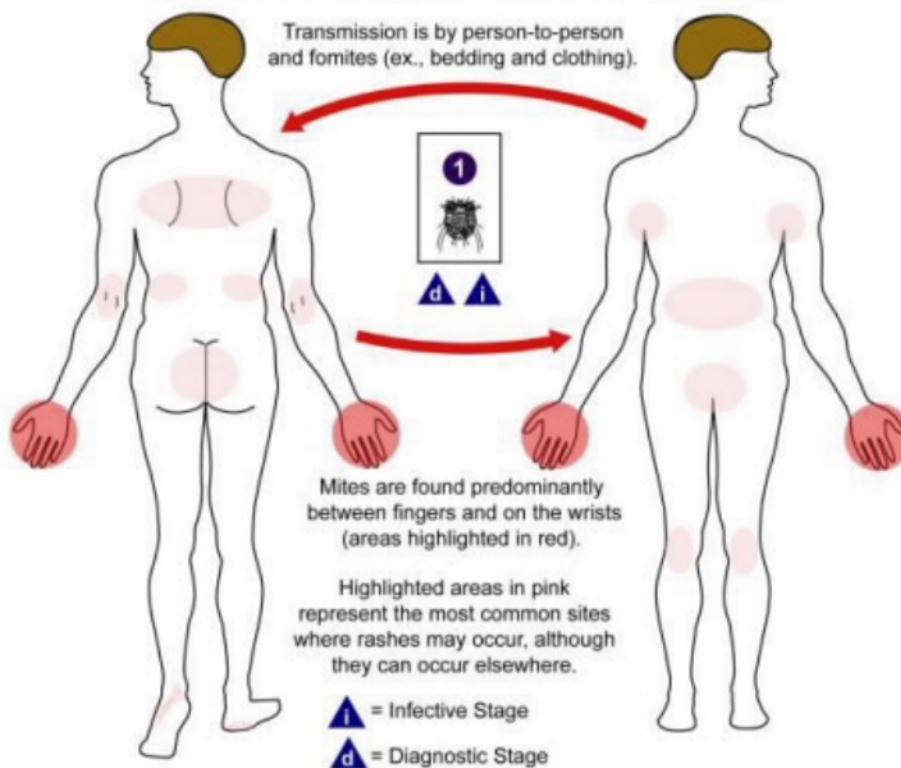
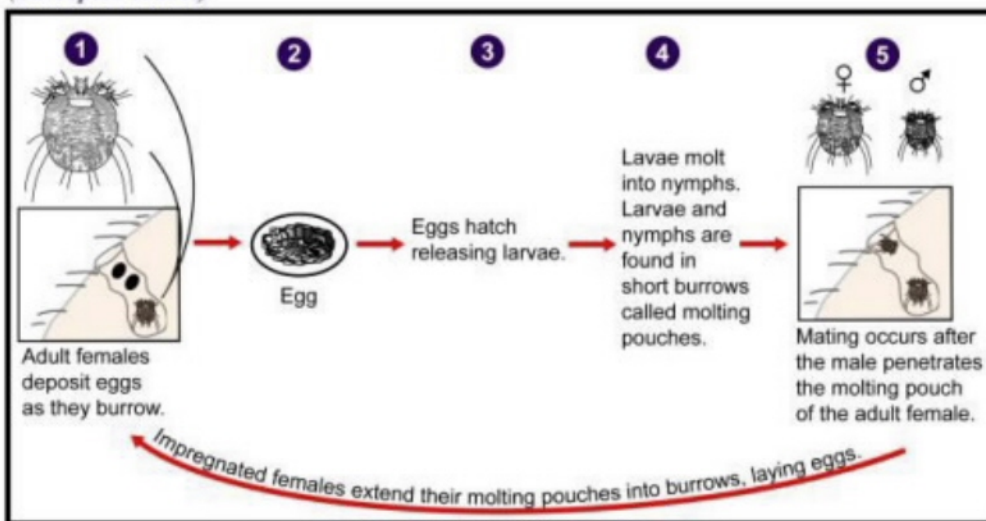
### **A. About Scabies**

Scabies are ectoparasites (parasites which live outside the body) that infest skin by the human itch mite. The scabies mite burrows into the upper layer of the skin, predominantly on the extremities (especially web spaces and underarms), lower trunk (especially the waist/buttocks), and genitals. It almost never involves the head or face. The human host develops a local allergy to the parasite proteins, leading to itching and nodules (bumps). This allergic reaction takes at least 48 to 72 hours, and sometimes up to two months, after exposure to develop. If a person previously had scabies, the incubation period can be much shorter—one to four days.

The scabies mite is usually spread by direct, prolonged, skin-to-skin contact, and by the sharing of clothes, linens, and bedding with a person who has scabies. An infested person can transmit scabies even if they do not have symptoms.

## Scabies

(*Sarcoptes scabiei*)



CDC/Alexander J. da Silva, PhD/Melanie Moser

For more information about scabies refer to the [United States Centers for Disease Control and Prevention \(CDC\) - Scabies](https://www.cdc.gov/scabies/) webpage.

## **B. Prevention and Control**

Early detection, treatment and implementation of appropriate isolation and infection control practices (e.g., gloves, gowns and avoidance of direct skin-to-skin contact) should be used when providing hands-on care to detainees who might have scabies.

Health staff should recommend that facility staff implement appropriate control measures in consultation with the facility administrator and the facility's designee for safety, including the following:

- Thoroughly clean and disinfect rooms used by a detainee with scabies after use.

- Machine wash and dry bedding and clothing worn or used next to the skin at any time during the three days before treatment, using the hot water and hot dryer cycles, or dry clean clothing and bedding items.

- Disinfect porous items that cannot be dry cleaned or laundered by storing the items in a closed plastic bag for several days to a week. Scabies mites generally do not survive more than two to three days away from human skin.

- Isolate detainees or residents being treated for scabies infestation individually, or cohort separately from unexposed detainees and common areas, until they can complete their permethrin treatment, shower, and change into fresh clothing. Isolation or cohorting duration is no more than 14 hours.

## **C. Clinical Management**

- A medical provider oversees the clinical management of detainees with scabies and their close contacts.

- Health staff should follow contact precautions when examining detainees.

- A medical provider orders treatment for all infested detainees and their close contacts (in the same cell with infested individual(s) or known skin-to-skin contact with infested) to prevent possible re-exposure and re-infestation.

- A medical provider educates detainees on the appropriate protocols for the application of treatment, duration of treatment, side effects of treatment,

personal hygiene, and self-care. Health staff educate detainees to apply permethrin from the neck down, including all areas of skin (including genitals and buttocks), and leave permethrin on for eight to 14 hours before showering to remove the treatment. Application to mucosa (mouth, eyes, urethra, vagina) should be avoided.

Refer to the [CDC - Scabies - Resources for Health Professionals - Medications](#) webpage for guidance on appropriate treatment to kill scabies mites.

### III. Lice

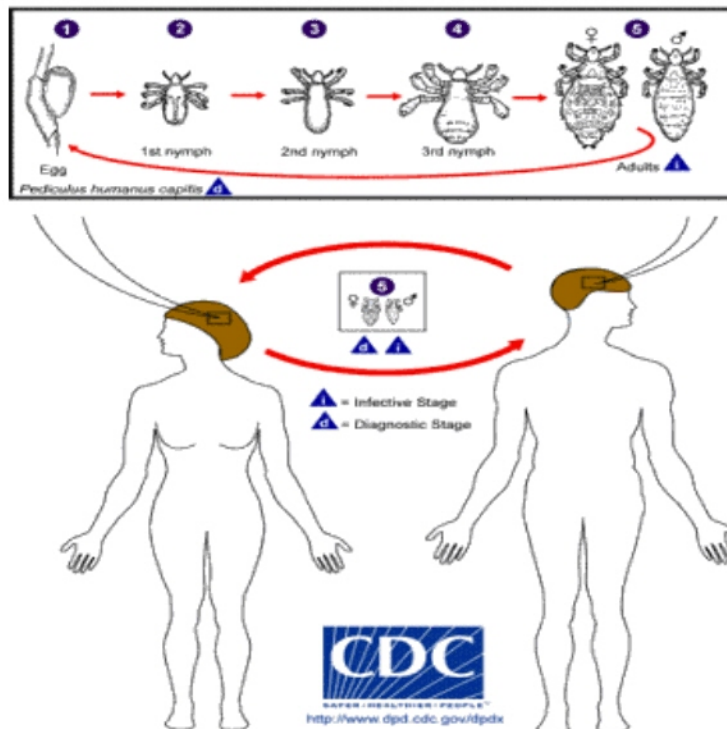
#### A. About Lice

Lice are ectoparasites that infest the skin. There are three different types of lice. Human lice survive by feeding on human blood. Lice found on each area of the body are different from each other, although head lice and body lice are genetically very similar. The three types of lice that live on humans are:

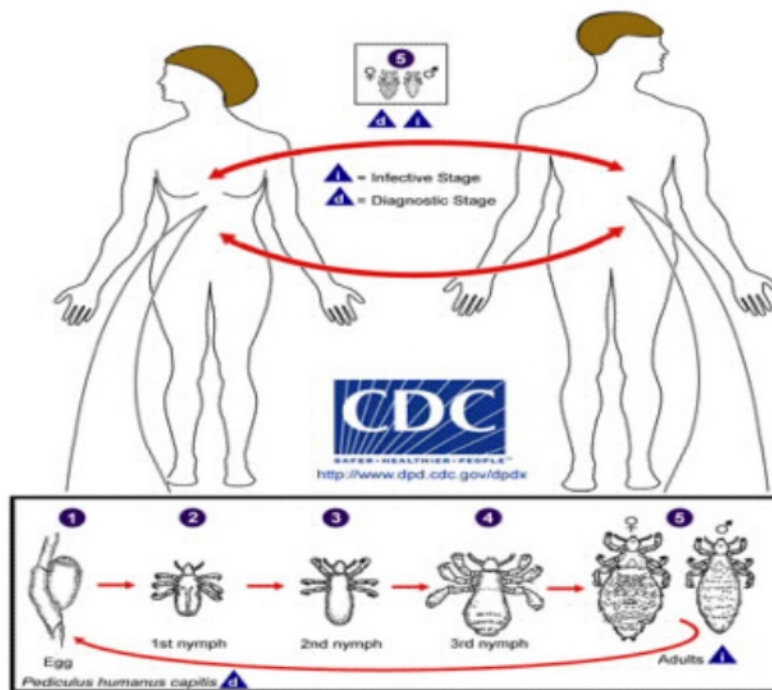
- 1) *Pediculus humanus capitis* (head louse)
- 2) *Pediculus humanus corporis* (body louse, clothes louse)
- 3) *Phthirus pubis* ("crab" louse, pubic louse)

Only the body louse is known to spread disease. Lice infestations (pediculosis and phthiriasis) are spread most commonly by close person-to-person contact or by sharing personal items or linens. Lice move by crawling; they cannot hop or fly.

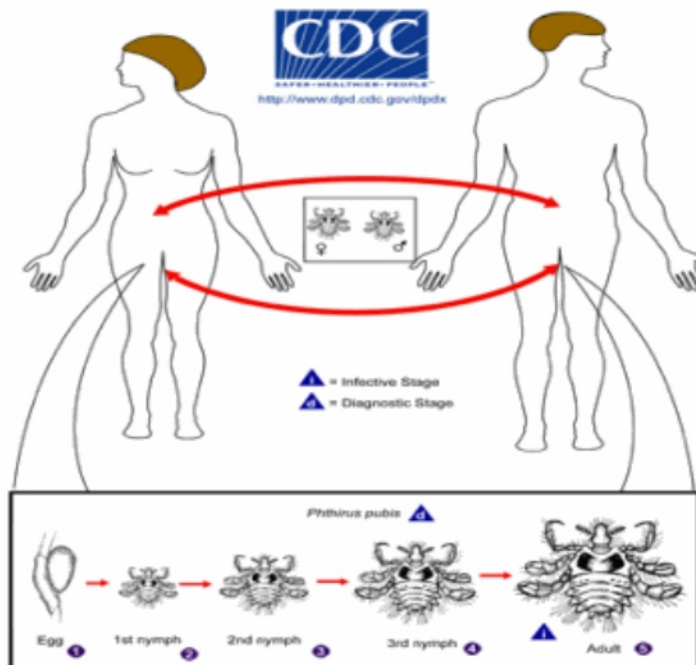
#### Head Lice



## Body Lice



## Pubic Lice



## **B. Prevention and Control**

Head lice are most commonly spread by direct head-to-head (hair-to-hair) contact. However, much less frequently they are spread by sharing clothing or belongings. Head lice survive less than one to two days if they fall off a person and cannot feed. Nits (lice eggs) cannot hatch and usually die within a week if they are not kept at the same temperature as that found close to the scalp.

Body lice are most commonly spread by direct contact with an infested person or an infested person's clothing or bedding.

Pubic ("crab") lice are most commonly spread by sexual contact. Pubic lice, very rarely, may be spread by clothing, bedding, or a toilet seat. Although generally found attached to the coarse hair of the genitalia, they may rarely be found on other coarse hair including eyelashes, eyebrows, beard, chest and axillary hair.

Health staff should recommend that facility staff implement appropriate control measures in consultation with the facility administrator and the facility's designee for safety, including educating detainees on the importance of the following recommendations:

- Avoid head-to-head (hair-to-hair) contact during recreation and other activities.

- Bathe regularly.

- Do not share clothing such as hats, scarves, coats, uniforms, hair accessories, or barrettes.

- Do not share combs, brushes, or towels. Disinfest combs and brushes used by an infested person by soaking them in hot water (at least 130°F) for five to ten minutes.

- Do not lie on beds, couches, pillows, carpets, stuffed animals, or other fabric covered items that have recently been in contact with an infested person.

## **C. Clinical Management**

Health care providers should follow contact precautions when examining detainees.

A medical provider or registered nurse orders treatment for all detainees infested with head lice and their close contacts (see Prevention and Control above) to prevent possible re-exposure and re-infestation.

A medical provider orders treatment for all detainees infested with body or pubic lice and their close contacts (see Prevention and Control above) to prevent possible re-exposure and re-infestation.

Health care providers educate infested detainees and their close contacts on self-care with improved personal hygiene, treatment application, duration and side effects.

A health care provider examines detainees with pubic lice for any other sexually transmitted infections (STIs) that may be present.

A health care provider recommends that detainees infested with body lice identify all sexual contacts so they may be examined.

Permethrin may continue to kill newly hatched lice for several days after treatment.

A second treatment is often necessary on day nine to kill any newly hatched lice before they can produce new eggs.

Refer to the [CDC – Head Lice – Treatment](#) webpage for guidance on appropriate treatment to kill head lice with over the counter or prescription strength medications. Refer to the [CDC – Pubic “Crab” Lice – Treatment](#) webpage for guidance on appropriate treatment to kill pubic lice with over the counter or prescription strength medications. Refer to the [CDC – Body Lice – Treatment](#) webpage for recommended treatment for body lice.

## **IV. Monitoring**

The Public Health, Safety, and Preparedness Unit (PHSP Unit) staff will periodically request information from health staff to evaluate public health actions for the management of ectoparasite infestations.

## **V. Training and Education**

The health services administrator (HSA) or designee ensures that health staff orientation and annual training includes public health actions for the management of ectoparasite infestations. Training records should include the date of the session, a content summary, name of the instructor, and names and job titles of all

persons attending the session. Health staff personnel should sign training logs to verify receipt of training.

## **VI. Privacy and Recordkeeping**

Refer to IHSC Directive: 05-06, *Infectious Disease Public Health Actions*, for guidance on complying with privacy and recordkeeping procedures.

## **VII. References and Resources**

- (1) [CDC - Parasites](#)
- (2) [CDC - Scabies](#)
- (3) [CDC - Lice](#)